

Shaw, D. 2019. The consent form in the Chinese CRISPR study: In search of ethical editing. *Journal of Bioethical Inquiry* 17(1).

Supplementary Material

Appendix 1 Information and Consent Form

INFORMED CONSENT

The research team is launching an AIDS vaccine development project. As the volunteer, your partner is diagnosed to have Acquired Immunodeficiency Syndrome (ADIS) or has been infected with Human Immunodeficiency Virus (HIV). Your health and other conditions are in line with the research's enrollment conditions. Therefore, the research team would like to invite you to participate in the research.

This Informed Consent will describe the goal, procedure, benefits, risks, inconveniences, rights and interests of the volunteers. Please read carefully and decide carefully whether to participate in the research or not. When the team explains and discusses the informed consent form to the volunteer, you can ask questions at any time and let him / her explain to you when you do not understand.

If you are currently participating in other clinical research, please be sure to inform the project team or researchers about the situation so as not to cause irreversible effects.

The project leader in charge of this project is Jiankui He, the source of the research funding is Southern University of Science and Technology.

Article 1 Why conducting this research?

1. The theoretical basis of the experiment: **Based on the human assisted reproductive technology, with the core of the CRISPR / Cas9 gene editing technology, gene editing of the CCR5 gene in the embryo would knock out the CCR5 gene. It would help these CCR5 gene editing babies to obtain the genotype of the Northern European to naturally immunize against HIV-1 virus;**

Method: Based on the human assisted reproductive technology, early embryos were injected with trace amounts of Cas9 RNP after intracytoplasmic sperm injection (ICSI) during normal IVF treatment. Cas9 RNP (Cas9 protein and optimized optical sgRNA) can act on the CCR5 gene, so as to prevent the newborn from the AIDS by editing the CCR5 gene and hindering the HIV-1 virus from invading the (CD4+) T cell. With the help of Preimplantation Genetic Screening or preimplantation genetic diagnosis (PGS / PGD), high-throughput whole genome sequencing, early pregnancy screening and other rigorous techniques could reduce the probability of birth defects, deformed children, etc., and decrease the risk of off-target issues and other risks. This technique may be able to produce IVF baby naturally immunized against AIDS (Referred to as baby) [See Annex I: Technical Procedure Flow Chart]

2. Technical Objectives: The main objective of this project is to produce infants who have the ability to immunize against HIV-1 virus.

Article 2 The research process, and the risk of adverse reactions.

1. Pre-test preparation

(1) You will undergo the following physical exams to determine if you can participate in the research 【See Annex II: Women Prior Check Items】. If the routine test of the medical situation is inconsistent with the basic contract of this research, the you should cooperate with the project team and the medical institution to conduct relevant tests. **Note: The rights and obligations in the testing shall be based on the contract between you and the medical institution.**

(2) Physician will check and record the volunteer's medical history. As volunteer, you have the obligation to truthfully disclose the relevant genetic history. The project team will not be responsible for any damage caused by the concealment of the related genetic medical history. [See Annex III: Female reproductive history]

2, Clinic trial process and risk (Note: The experiment process is a trade secret)

If the you pass the above process, **the project team will coordinate and recommend the medical institutions to conduct the following steps**, and describe in detail the risks or adverse reactions in each step. The details are subject to the contract signed by the volunteer and the medical institution.

| | Technical route | Risk and adverse reactions | Note |
|--|---|---|--|
| ① preparation-work | <p>A. Preparation: both men and women are required to undergo physical examinations in the project designated medical institutions or the relevant department of obstetrics and gynecology clinic; more specific procedures shall be according to doctor's prescription;</p> <p>B. The project team has conducted ecomprehensive experiments using animal model and embryos previously to ensure the safety of the injected protein (Thermo Fisher) and sgRNA (SYNTHEGO) and the technique.</p> | <p>The project team conducts the pre-test inspections and operations, complying with the relevant provisions of the human reproductive center embryo laboratory to ensure that the processes of sterile are in line with embryonic laboratory procedures. No off-targets were found in our previous animal experiment.</p> | Specific to you and medical institutions signed the contract shall prevail |
| ②Controlled Ovarian Hyperstimulation (COH) | <p>Fertility doctor will make individualized ovulation stimulation protocol according to patient's age, ovarian reserve function, hormone level, uterine tolerance and other factors. Patient would need to strictly follow the doctor's advice to inject the prescribed drugs and closely monitor follicular growth status by ultrasonic diagnosis. It is very important to inform the doctor if having any uncomfortable symptoms so that the</p> | <p>Adverse reactions include :</p> <p>A. Ovarian hyperstimulation syndrome: some patients may have symptoms of nausea, abdominal pain, ascites, pleural effusion, blood concentration or oliguria. Some severely reacting patients may have thrombosis, liver and kidney damage, or even life-threatening events. If this happens, drugs, surgery or other treatment may be applied to solve with</p> | |

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| | clinical doctor can adjust the treatment protocol immediately. | the emergency situation. B. Adverse reactions of ovarian: need to adjust the dosage of drugs, or even give up this cycle of treatment. | |
| ③ Eggs collection | A puncture needle will pass through the vagina to the edge of the ovary to collect follicles with B-ultrasonic guidance. Anesthesia is optional. After ovum pick up (OPU), the follicles will immediately transferred to dishes with culture medium in embryo incubator for 5-6 days (37°C, 6% CO ₂ , 5% O ₂ and saturated humidity). | Anesthesia risk, organ damage and retro-peritoneal hemorrhage etc. may occur in follicles collection surgery process. Surgical interference should be taken if necessary. NO eggs could be collected through OPU because of patient's personal physical reasons would lead to an early end to the assisted reproduction cycle. Eggs collection or embryos transplant surgery carries a risk of infection, if this happened, anti-infective therapy would be used. | |
| ④ In vitro fertilization and embryo culture | Intracytoplasmic sperm injection (ICSI) may be adopted strictly followed the guideline on human assisted reproductive technology by the National Health and Family Planning Commission of the People's Republic of China. The IVF procedure is supplemented with CCR5 gene therapy. Normal fertilized embryos will be cultured to blastocyst stage when 3-5 trophoblast cells will be biopsied from the embryo to perform whole genomic sequencing. The rest of the embryos will be frozen and conserved in liquid nitrogen. | Intracytoplasmic sperm injection (ICSI) would be applied for all the volunteers. Even though, the risks of fertilization failure may still exist. Embryos can't develop to the blastocyst stage because of sperm or egg quality problems, which may lead to no embryo, could be use in the next process. There is a possibility that some embryos may not have anti-AIDs ability. The doctor will give advice and the patient have the right to decide which embryos to be transplanted. | |
| ⑤ Embryo Transfer | The trophoblast cell samples will be sent to testing centers to perform deep sequencing and bioinformatics analysis. Each embryo will be graded based on the totipotency and AIDS-resistant ability and full informed consent of the patients. 1-2 blastocysts will be transferred to uterus at appropriate time according to the woman's physiological cycle with the clinic doctor's advice. Progesterone should be used to prevent abortion. | See Article 3 for related risks. | |

| | | | |
|-------------|---|----------------------------------|--|
| ⑥Baby birth | <p>2 weeks after embryos transfer, β-HCG hormone level will be checked. More than 50IU/ml means successful biochemical pregnancy. Pregnant women need to monitor gestational sac, fetal heartbeat, and the pregnant women can be sent to the obstetric care center. In case of three or more fetuses, the fetus reduction treatment may be needed according to the guidelines of the State Family Planning Commission and the consideration of serious harm of multiple births to mothers and infants. At the same time do early chorionic aspiration and post-birth related screening. Fetal cells or cell-free DNA depth sequencing, maternal vaginal loss cell test, amniocentesis and other tests could be implemented to assess each embryonic development potential and the ability to fight against AIDS.</p> | See Article 3 for related risks. | |
|-------------|---|----------------------------------|--|

Article 3 Possible risks and precautions.

1. With the existing knowledge, the additional operations proposed in this project will not put the mother at risk of contracting HIV and other infectious diseases. In case of any disputes over rights and obligations during the project period between you and the medical institution, the contract signed shall prevail, and the project team is not responsible for this.
2. In order to ensure normal embryo development, in vitro fertilization and incubation phase injection of trace substances is at the trace amount (pg level, that is 10^{-10} – 10^{-12} g). It does not guarantee that gene editing will play its role. It is normal if the infants do not have the capacity of natural Immunity to AIDS. The project team does not assume legal responsibility in this situation.
3. The primary risk of gene editing (DNA-targeted CRISPR-Cas9 endonuclease) is the off-target effect of generating extra DNA mutations at sites other than the intended target. This is due to that the technique can cause nonspecific cleavage, resulting in mutations in non-targeted genomic sites. **PGD, whole genome-wide sequencing, amniocentesis and peripheral blood test of mothers in different stages of pregnancy after transplantation will minimize the possibility of substantial injury.** Therefore, this project team is not responsible for the risk of off-target which is beyond the risk consequences of the existing medical science and technology.
4. Since the male volunteer in this project are infectious patients, even though the use of IVF as a means of pregnancy has the least possibility of transmission of the virus to the mother or

the baby, it cannot completely remove the risk of infection. The risk is **Not** caused by this project, and this project team will not take responsibility.

5. **Pregnant women volunteers are required to go to the designated medical institution (tentatively designated as Shenzhen Luohu Medical Institution) at the 9th month of pregnancy to prepare for delivery.** The project team is responsible for paying the rent, and for work-related expenses for the pregnant women and one of their nursing staff (at 200 RMB/day). After the baby is born and up to 28 days, they need to live in the production ward of the designated medical institution. The expenses incurred by the medical institution during the period are borne by the project team. The project team also pays the worker's mistress and one of the nursing workers' (at 200 yuan / day), until the completion of a variety of examinations for newborns. The project team will also purchase health insurance for the baby; **if in the process of pregnancy the volunteers incur with other diseases or complications unrelated to the test, they are responsible for the cost of the corresponding treatment.**
6. Neonatal malformations, congenitally deficiency, suffering from common genetic diseases belong to the scope of natural risk of natural reproduction, the project team does not assume legal responsibility.
7. Regarding the qualitative characterization of the project results, only the project team has the right of final interpretation and announcement to the public. Then you have **NO** right to explain and have **NO** right to announce the project or result information without permission. Violation of this will be dealt as breach of contract and the volunteers need compensate for the damages (The specifics are defined in the liquidated damages cooperation agreement).
8. Maternal infection with the HIV virus may cause fetal infection. The project team conducts routine testing and deep gene sequencing, **but cannot completely rule out the risk of HIV based on maternal infection in infants.** This is a common problem of childbirth in patients with infectious diseases and does not belong to the risk caused by the project. The project team is not responsible for it.
9. In case of force majeure, laws and regulations, policies and reasons of the university, the project team needs to suspend or terminate the trial. The volunteers who have already incurred the expenses in the previous period need not to give back to the project team and are not liable for additional compensation.

Article 4 The impact of participating in the study on volunteers' daily lives.

1. When you decide whether or not to participate in the research, please carefully consider the possible impact of the above examinations and follow-up on your daily work and family life. Consider the time of each visit and traffic problems. You can consult with us if they have any questions about the tests and steps involved in the clinical trial.
2. Research requires that female volunteers actively fulfill their obligations as follows:
 - (1) Before taking any new prescription drugs, consult your physician and members of the

project team; In case of physical discomfort during pregnancy, promptly inform them and do not make the decision by yourself.

(2) Taking into account your safety and the validity of the test results, you can no longer participate in any other clinical studies on drugs or medical devices during the study period.

(3) Taking into account the safety and the validity of the test results, you need to get regular pregnancy tests at the Tier A municipal-level hospitals in accordance with Annex IV [See Attachment IV: Birth Control Project]. The pregnancy test record files are scanned and mailed to the project team, and mailing costs reimbursed by the project team.

(4) In the research process, husband and wife can not conduct unprotected sexual intercourse (primarily referring to the pregnancy period).

(5) One month prior to the expected due date, you need to go to the designated medical institution (Luohu Medical Institution, Shenzhen) and stay there waiting. You will be required to stay there for another 28 days after the delivery.

Article 5 Possible benefits of participating in the research

1. This research project will likely help you produce HIV-resistant infants. It is beyond the scope of the research project to test the HIV-related effects of maternal infection during the research period, and the risk is borne by volunteers. HIV resistance in infants is based on a health certificate issued by a post-natal medical institution obstetric.
2. The project team purchases Ping An Group's Anxingbao insurance for babies born.

Article 6 Whether it is necessary to participate in and complete this research?

1. Whether you participate in this research is entirely voluntary. If you do not want to, you can refuse to participate, and this will have no negative impact on your current or future health care. You may withdraw from this study at any time without any pre-requisite prior to completing the COH. However, after entering the first test-tube cycle, you will naturally withdraw from this project under certain circumstances as follows: (2), (3) and (4). When you decided not to participate in this study, the research team would hope that you would inform the research doctors in time and the research doctors may provide advice and guidance on the volunteer's health. Once there is any information that may affect the volunteer's decision to continue participating in the study, the project team will inform you in time.
2. After COH and before embryos implantation, if you decide to withdraw from this project, then the costs incurred in the previous period will not need to be reimbursed back to the project. But the contract is terminated and the latter part of the cost will not borne by the project team.
3. After the first IVF cycle with embryo implanted, no pregnancy occurred or spontaneously aborted after pregnancy, they could restart the second cycle. If still no pregnancy or abortion occurs after the second cycle, then the contract terminates. The project team will pay 2,000 RMB nutrition fee to the volunteer. The other contract you have with the medical institu-

tions shall prevail.

4. The husband and wife should communicate with the doctors when the fetus was found with genetic defects or other serious diseases after the embryos implantation in the first IVF cycle. They could start the second cycle after the abortion if clinic doctor recommends. If the couples face the same problems in the second IVF cycle, the project team will pay the abortion costs and nutrition fee of 2,000 RMB to terminate the research study. The other contract with the medical institution shall prevail.
5. After the embryo implantation in the first cycle of IVF until 28 days post-birth of the baby, if you decide to leave the study due to other reasons than the ones listed in Items 3 and 4 above, you will need to pay back all the costs that the project team has paid for you. If the payment is not received within 10 calendar days from the issuance of the notification of violation by the project team, another 100,000 RMB of fine will be charged.

Article 7 Who is responsible for the cost of participating in the research?

1. The costs incurred in this clinical trial are paid by He Jiankui laboratory at the South University of Science and Technology under the project fund. The coverage details are as follows:
 - (1) IVF outpatient costs, COH costs, embryo laboratory culture costs;
 - (2) Round-trip transportation costs (limited to high-speed rail second-class seat or economy class airfare);
 - (3) Accommodation costs: 350 RMB / day / person;
 - (4) Lost work allowance: 200 RMB / person;
 - (5) Pregnancy detection and monitor costs: Villus puncture, amniotic fluid test, B-ultrasound etc. (For details, please refer to Attachment 4: Project Examination. I understand and agree with my legal wife to do the above tests.)
 - (6) The cost of awaiting medical treatment at the designated medical institution one month prior to the birth and the post-natal recovery at the designated medical institution within 28 days after birth, as well as the rent and nursing fees (200RMB / day);
 - (7) Insurance: The project team will buy Ping An Group's A-Star health insurance for the newborn baby.
2. Based on the calculation of the average costs of such a procedure, the project team commits to pay total cost of 280,000 RMB per couple. Any cost beyond this limit will be the responsibility of the volunteers. Any costs incurred during the trial but unrelated to the research, including but not limited to the treatment of other diseases and travel accident will be the responsibility of the volunteers.

Article 8 Research-related injuries

When the volunteer's health is impaired due to participation in this research, please inform the project team members (Chen Yuanlin Tel: 15013147861 or Song Shuo Tel: 18565856308). We will immediately take the necessary medical measures to protect the health of the volunteers. Ac-

According to the provisions of the relevant laws and regulations of our country, in the event of injury related to the research, the project team will bear the corresponding medical expenses and provide corresponding economic compensation with the limit of 50,000 RMB.

Chapter9 Confidentiality of volunteers' personal information

1. The volunteers' personal data in the research are kept confidential. The number ID instead of the volunteer's name will identify samples collected from the volunteer's body. Information that identifies you will not be disclosed to anybody other than the project team, unless approved by volunteers. When necessary, government departments may check the volunteer's personal information in the project. At the time of publication of this research, your identification information will not be disclosed.
2. If you quit from the research, the project team will keep your information until the final destruction. The information will not be used or disclosed. However, in the rare occasions below, the project team will continue to use or disclose your information even if you have left the research or the research has finished. These situations include: a) the removal of your information will affect the scientific soundness of the research results or the evaluation of data safety; b) limited information for research, teaching or other use (the identification information will not be included, such as the volunteer's name, identity card Numbers, or other personal information that identifies a volunteer); and c) requested by the university and government regulators for overseeing the research.

Article 10 Rights of the project team

1. After birth, the project team or the medical institution should preserve the umbilical cord blood for later use. After the baby is born, it needs to cooperate with the project team or the medical institution to conduct a series of routine tests. For details, see Appendix 5: Post-natal Maternal and Infant Test Project
2. Baby's photo on the day of birth will be kept by the project team. The project team has the portrait right of the infant and can make it open to the public. [See Attachment VI: Portrait License for Use]
3. The baby's blood samples need to be disclosed to the public. If parents are willing to disclose their portrait and name, their wishes prevail.
4. Regarding the project results, only the project team has the right of final explanation and announcement to the public. The volunteers have no right to explain, publish, or announce project related information without permission.

Article 11 Confidentiality clause.

1. For the project team's trade secrets, you hereby agree:

- (1) You strictly observe the secrets of the project team and take all the security measures and systems to protect the secret;
- (2) You cannot disclose any commercial secrets to any third party;
- (3) You shall not use the secret at any time except for the purpose of fulfilling the contract with the project team;
- (4) You can not copy or use the secret through reverse engineering.

Both the project team and volunteer, please read the relevant statement carefully and sign it.

Project team statement

"I have informed the volunteer about the research background, purpose, steps, risks and benefits of the AIDS Development Research Project, giving him/her enough time to read the informed consent, discuss with others, and answer questions about this research; I have told the volunteer to contact the (project leader) whenever they have problems related to the research, and to contact them at any time when they have problems related to their rights/equity, and provide accurate contact information; I have informed the volunteer that he/she can withdraw from the study without any reason."

Signature of the project team leader

Date

Volunteer statement

"I have been informed of the background, purpose, steps, risks and benefits of the research on the HIV Development Research Project. I have enough time and opportunity to ask questions, and I am very satisfied with the answers to the questions. I was also told about the person to contact if I have questions, want to report problems, give suggestions and provide help for research, or want to get further information. I have read this informed consent and agreed to participate in this study. I know I can I withdraw from the study at any time during the study without any reason. **I am fully aware of the above mentioned study and all signatures have legal effect.**"

(Please write the last sentence after reading)

Signature of Volunteer Receiving informed consent

Date

Citizen identification number:

Address:

Annex I: Technical process

IVF is an advanced assisted reproductive technology, and the specific process is as follows:

| | |
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| 1. Controlled ovarian stimulation COH | Because the length of natural menstrual cycle varies from person to person, and there are also differences in different cycles of the same patient, it is not easy to arrange the time of fetching eggs, and there is only one dominant follicle in the natural cycle. After fertilization, only one embryo can be formed, while the pregnancy rate of implanting a single embryo is very low. Therefore, it is necessary to use controlled superovulation to enhance and improve ovarian function so as to achieve the goal of obtaining multiple healthy eggs without the limitation of natural cycle, provide multiple embryos for implantation, and synchronize luteal development with endometrial function as far as possible. Controlled superovulation usually uses GnRHa to decrease FSH and LH in the body, then HMG or FSH to stimulate follicular growth in the ovary. The dosage of drugs is adjusted according to the patient's reactivity to drugs. The age and dosage of drugs are different, so will be the number of eggs obtained. |
| 2. Monitoring follicles | In order to evaluate the stimulating effect of ovary and determine the time of fetching eggs, the size of follicles should be monitored by vaginal B-mode ultrasonography, and E2 value (estrogen) should be checked by blood sampling to adjust the dosage of drugs. When the diameter of two or more follicles is greater than 1.8 cm and the number of follicles over 1.4 cm is equal to E2 value, human chorionic gonadotropin (hCG) can be injected to promote follicle maturation. The eggs were taken at 34~36 hours after injection of hCG. |
| 3. Egg retrieval | The most commonly used method of egg retrieval is under local anesthesia (optional without anesthesia, but also a common surgical method in China). Under the guidance of vaginal B-mode ultrasound, the fetching needle goes through the vaginal fornix and reaches the ovary directly to absorb the eggs. Then embryologist will immediately transfer these eggs under a microscope to a petri dish containing the embryo culture medium, and culture these in an incubator at 37 °C. |
| 4. Semen collection | The time taken for sperm removal is the same as that of egg collection. Wash your hands before taking semen by masturbation. The cup is sterile. Do not touch the rim or inside of the cup, mark the donors husband and wife's name clearly, take sperm time, and check the identity information with the laboratory embryologist (routine IVF baby steps). The sperm was treated by upstream method or by density gradient centrifugation to obtain sperm with good motility. |
| 5. ICSI and gene editing | Matured eggs were fertilized with single sperm intra-cytoplasmic sperm injection (ICSI) 4 to 5 hours after the collection of the eggs. Co-injection of Cas9 protein (Thermo Fisher) and CCR5 sgRNA (SYNTHGO) with the sperm suspension. |
| 6.embryo culture | Normal fertilized zygotes are cultured in an embryo incubator with the suitable pH culture medium, temperature, humidity and CO2 concentration. The embryo development is recorded according to the principle of human assisted reproductive technology human embryo processing, and the embryo development potential is evaluated. |
| 7. Preimplan- | After 5-6 days embryo culture, 3-6 embryonic trophoblast cells are biopsied for PGD at blastocyst stage, and a small number of samples are taken for whole genome se- |

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| tation genetic diagnosis and whole genome sequencing | quencing to detect possible genetic diseases, gene editing efficiency and off-target problems to ensure healthy embryos could be transferred. |
| 8. Embryo transfer | The vagina and cervix are cleaned with saline and then rinsed with culture medium. A metal or plastic catheter is placed in the cervix. A 1.3 mm Teflon tube is used to aspirate embryo cells from the culture medium under a microscope and 0.03-0.05 ml of culture medium or 0.03 -0.05 ml of serum should be supplied with together. The tube was inserted into the cervical canal and placed the embryo into the uterine cavity at the base of 0.5cm. After embryo transfer, the woman need to stay in bed for 2-4 hours, restrict activities for 3-4 days, and receive progesterone treatment. The β -GCG assay was performed 2 weeks after transplantation, and if there was no pregnancy, the progesterone was stopped. The successful pregnancy case is a key target for monitoring. |
| 9. Clinical evaluation | After the transplantation, it can be judged whether the pregnancy is a success in 2 weeks. |

Above is the general process of performing IVF. As for the detailed plan, the doctor will formulate according to the actual situation of the patient.

Annex 2: Women's examination list prior to the research (please provide detailed version)

The inspection items that the woman should do:

| | |
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| Item 1 | Blood test: blood type, blood routine test, clotting time, erythrocyte sedimentation rate, sex hormones (FSH, LH, E2, P, T, PRL), thyroid function, preoperative four items (hepatitis B, hepatitis C, AIDS, syphilis), TORCH, anti-sperm antibody (AsAb), anti-endometrial antibody (EmAb), anti-phospholipid antibody (ACA), anti-ovarian antibody, liver and kidney function, fasting blood glucose, chromosome, thalassemia screening, tumor markers (CA125 , CEA, AFP), stool routine + occult blood. |
|--------|--|

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| Item 2 | Vaginal/cervix secretion examination: leucorrhea routine, mycoplasma, chlamydia, gonococcal, cervical cancer prevention test (cervical smear or TCT), HPV virus detection. |
| Item 3 | Fallopian tube examination (if there is already indication of IVF, such as male obstructive azoospermia, extremely few, weak, abnormality, etc., it is not necessary to perform fallopian tube examination), chest X-ray, electrocardiogram, vaginal B-ultrasound, abdominal B-ultrasound (Hepatobiliary, spleen, pancreas and kidney). In some cases, the blocked antibody is examined at the doctor's advice. |
| Item 4 | The woman's initial examination time can be on the 2-4th or the 10th day of menstruation. |
| Item 5 | Long-term effective examination: chromosome, blood type, fallopian tube angiography |
| Item 6 | Effective examination within half a year: four items preoperative (hepatitis B, AIDS, syphilis, hepatitis C), mycoplasma, chlamydia, gonococcal, abdominal B-ultrasound (hepatobiliary, spleen and pancreas) |
| Item 7 | Follow-ups are generally valid for one year |

Above is a general examination item for in vitro fertilization surgery. As for the detailed plan, the doctor will formulate according to the actual situation of the patient.

Annex III: Female assisted reproductive medical records

Female Assisted Reproductive Medical Record Home Page

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| Name of woman, age, occupation, education level, national identity card (or passport) number: |
| Husband's name, age, occupation, education level, national identity card (or passport) number: |
| Mailing address: Postal code: |
| Contact cell phone number: |
| Chief complaint: |

| |
|--|
| Current medical history |
| |
| |
| Past medical history: Hepatitis: <input type="checkbox"/> No <input type="checkbox"/> Yes, Tuberculosis: <input type="checkbox"/> No <input type="checkbox"/> Yes, Kidney disease: <input type="checkbox"/> No <input type="checkbox"/> Yes, Cardiovascular disease: <input type="checkbox"/> no urinary tract, urinary tract infection: <input type="checkbox"/> no <input type="checkbox"/> , history of sex- ually transmitted diseases: <input type="checkbox"/> no <input type="checkbox"/> , Appendicitis: <input type="checkbox"/> no <input type="checkbox"/> yes. pelvic inflammatory disease: <input type="checkbox"/> no <input type="checkbox"/> yes, History of surgery: <input type="checkbox"/> No <input type="checkbox"/> Yes, others: |
| Personal history: smoking: <input type="checkbox"/> no <input type="checkbox"/> yes, #sticks / day, alcoholism: <input type="checkbox"/> no <input type="checkbox"/> yes, drug abuse: <input type="checkbox"/> no <input type="checkbox"/> yes, Accustomed medication: <input type="checkbox"/> No <input type="checkbox"/> Yes, history of drug allergy: <input type="checkbox"/> No <input type="checkbox"/> Yes, History of major mental disturbance: <input type="checkbox"/> No <input type="checkbox"/> Yes, Health status: birth defects in the past: <input type="checkbox"/> no <input type="checkbox"/> Yes, |
| Menstrual history: menarche age __, menstrual cycle__ days, menstrual volume: <input type="checkbox"/> normal <input type="checkbox"/> more <input type="checkbox"/> less dysmenorrhea: <input type="checkbox"/> yes <input type="checkbox"/> no |
| Marriage and Childbirth History: Close relatives marriage: <input type="checkbox"/> Yes <input type="checkbox"/> No; Remarriage: <input type="checkbox"/> No <input type="checkbox"/> Yes; Pregnancy <input type="checkbox"/> No <input type="checkbox"/> Yes, the last pregnancy time and year; Pregnancy, artificial abortion, spontaneous abortion, drug flow, induction, premature birth, Ectopic pregnancy: left, right Full-term maternity, existing child, adopting children: <input type="checkbox"/> No <input type="checkbox"/> Yes。 |
| Family history: history of genetic disease <input type="checkbox"/> no; <input type="checkbox"/> have (detailed) History of infertility <input type="checkbox"/> no; <input type="checkbox"/> have (detailed) |

Female assisted reproductive medical records (2)

| | |
|------------------------------|---|
| Physical exami- nation | Vital Sign: T °C, P times/min, R times/min, BP KPa |
| | Height cm, weight kg, body mass index |
| | Nutrition: <input type="checkbox"/> normal <input type="checkbox"/> abnormal_____ |
| | Development: <input type="checkbox"/> normal <input type="checkbox"/> abnormal_____ |
| | Mental: <input type="checkbox"/> normal <input type="checkbox"/> abnormal_____ |
| | Hair: <input type="checkbox"/> normal <input type="checkbox"/> abnormal_____ |

| | |
|---|---|
| | Skin and mucous membranes: <input type="checkbox"/> normal <input type="checkbox"/> abnormal_____ |
| | Lymph nodes: <input type="checkbox"/> normal <input type="checkbox"/> abnormal_____ |
| | Breast: <input type="checkbox"/> normal <input type="checkbox"/> abnormal Galactorrhea: <input type="checkbox"/> yes <input type="checkbox"/> no |
| | Heart: <input type="checkbox"/> normal <input type="checkbox"/> abnormal_____ |
| | Lung: <input type="checkbox"/> normal <input type="checkbox"/> abnormal_____ |
| | Liver: <input type="checkbox"/> normal <input type="checkbox"/> abnormal_____ |
| | Spleen: <input type="checkbox"/> normal <input type="checkbox"/> abnormal_____ |
| | Kidney: <input type="checkbox"/> normal <input type="checkbox"/> abnormal_____ |
| | Spinal limbs: <input type="checkbox"/> normal <input type="checkbox"/> abnormal_____ |
| | Others: |
| Gyneco- logical exami- nation | Vulva: <input type="checkbox"/> normal <input type="checkbox"/> abnormal |
| | Vagina: <input type="checkbox"/> normal <input type="checkbox"/> abnormal |
| | Cervical: <input type="checkbox"/> smooth <input type="checkbox"/> smashed (<input type="checkbox"/> light <input type="checkbox"/> medium <input type="checkbox"/> heavy) Nasal cyst (<input type="checkbox"/> no <input type="checkbox"/> have) hypertrophy (<input type="checkbox"/> yes <input type="checkbox"/> no) |
| | Uterus: <input type="checkbox"/> front position <input type="checkbox"/> rear position <input type="checkbox"/> flat size: <input type="checkbox"/> normal <input type="checkbox"/> abnormal |
| | Texture: <input type="checkbox"/> Soft <input type="checkbox"/> Medium <input type="checkbox"/> Hard |
| | activity: <input type="checkbox"/> Activity <input type="checkbox"/> Restricted Fixed tenderness: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Uterine attachment: left side: <input type="checkbox"/> normal <input type="checkbox"/> abnormal right side: <input type="checkbox"/> normal <input type="checkbox"/> abnormal |
| | Trichomonas: <input type="checkbox"/> Yes <input type="checkbox"/> No mold: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Cleanliness: Grade I, Grade II, Grade III | |
| Others | |

Female Assisted Reproductive Medical Record (3)

| Pre-IVF routine examination | | | |
|-----------------------------|------------------------|-----------------|---|
| Blood test | Hemoglobin | g/L | Red blood cell count $\times 10^{12}/L$ |
| | White blood cell count | $\times 10^9/L$ | Blood cell volume % |
| | Platelet | $\times 10^9/L$ | ESR mm/H |
| Urine examination | | | |
| Blood group | | | Rh |
| Coagulation | PT | | KPTT |

| | | | |
|------------------------------|---------------------------------|--------------------------------|------------------------------|
| Sex hormones | FSH miu/ml | E ₂ pg/ml | P ng/ml |
| | PRL ng/ml | LH miu/ml | T ng/ml |
| TORCH | Toxoplasma gondii | Cytomegalovirus | Rubella virus |
| | Herpes simplex virus | | |
| Hepatitis B | HBsAg | HBsAb | HBeAg |
| | HBeAb | HBcAb | HBcAb-IgM |
| HCV | HCVAb | | |
| HIV | HIVAb: | | |
| Syphilis | | | |
| Serum antisperm antibody | | | |
| Liver | GPT U/L | GOT U/L | |
| Kidney | Serum cretonne | | Blood urea nitrogen |
| Chromosome | | | |
| Cervical scraper | | | |
| Cervical smear | Chlamydia | | |
| Endometrial biopsy | | | |
| Hysteroscopy | | | |
| Laparoscopic | | | |
| Uterine fallopian tube fluid | | | |
| Hysterosal- pingography | Uterine morphology | | |
| | Left fallopian tube | right fallopian tube | |
| Electrocardiogram | | | |
| Gynecological B-ultrasound | | | |
| | | | |

Female Assisted Reproductive Medical Record (4)

Natural cycle ovulation monitoring before treatment:

| |
|---------------------|
| Date |
| Menstrual cycle |
| Follicular diameter |
| Endometrium |

Diagnosis:

Medical treatment plan:

Physician:

Date:

Human assisted reproductive technology

Common inspection items after entering the cycle

| Item | Time | Note |
|---------------------------------------|--------------|--|
| Ovulation induction drug injection | Cycle begins | Different schemes have different durations and charging standards (1 week to 2 weeks, |

| | | |
|--|---|--|
| | | 10,000-20,000 RMB) |
| B-ultrasound detection of follicular development | COH to OPU | |
| OPU | DAY0, OPU day | |
| Follicle retrieve | DAY0, OPU day | In general, 15 eggs are obtained to meet the needs of blastocysts culture. |
| Egg freeze | DAY0, 2-4 hours after OPU | No sperm available or meet frozen egg indicator |
| Sperm wash | DAY0, 2-4 hours after OPU | |
| Sperm freeze | DAY0, OPU day or other day | The patient can choose to freeze sperms for the cases of difficult-to-collect semen, microsurgery sperm collection, or azoospermia. |
| IVF insemination | DAY0, 3 hours after OPU | |
| ICSI | DAY0, 6 hours after OPU | For those who can not use IVF insemination or have fertilization obstacle issues |
| Granulocyte demolition | DAY0, 4-6 hours after IVF insemination or for ICSI | Monitor the release of the second polar body. Less than 1/3 of the total number of mature eggs requires R-ICSI. |
| R-ICSI | DAY0, failure of IVF insemination | After fertilization, when the second polar body is less than 1/3 of the total number of mature eggs requires R-ICSI. |
| Pronuclear check | DAY1 16-20 hours after Insemination | |
| Embryo culture | DAY1, Replace culture medium after pronuclear observation | Record all embryos condition, droplet culture |
| Cleavage stage check | DAY3, Cleavage stage check | Observe the embryos, communicate with the clinician to make decision for blastocysts culture, fresh embryos freezing, or fresh embryo transfer |
| Blastocyst culture | DAY3-DAY7 Replace culture medium | droplet culture |
| Embryo transfer | DAY3 DAY4 DAY5-DAY7 | DAY3-DAY4 cleavage transfer DAY5-DAY7 blastocyst transfer |

| | | |
|-------------------------|----------------------------|--|
| Embryo freeze | DAY3 DAY5-DAY7 | DAY3, cleavage embryo freeze DAY5-DAY7 blastocyst freeze |
| Embryo thaw | DAY3 DAY5-DAY7 | DAY3 cleavage embryo thaw DAY5-DAY7 blastocyst thaw |
| Progesterone injection | Transfer day | prevent miscarriage |
| Serum hormone assay | 2 weeks after transfer day | β HCG >50IU/ml biochemical pregnancy |
| B-ultrasound monitoring | 4 weeks after transfer day | Pregnancy sac and fetal heart monitoring |

Annex IV: Pregnancy examination list

| | | |
|-------------|-----------------|---|
| First check | Before 13 weeks | Established "Pregnant Women's Health Handbook", urine HCG, gynecological examination, blood routine, urine routine, blood sugar, thyroid function, electrocardiogram, B-ultrasound (NT screening), (high-risk pregnant women eligible for peripheral blood NIPT test) (fasting) |
| Follow-up | 12-16 weeks | Amniocentesis: It is necessary to do the most accurate means of screening for genetic diseases in designated medical institutions, and to screen out off-target problems that may be caused by genetic editing. This is the most accurate method used as quality control standard. |
| Follow-up | 16-18 weeks | Obstetric examination (includes fetal heart rate Doppler), blood type (ABO, Rh), blood routine, urine routine, renal function (3 items), liver function (5 items), hepatitis B two and a half, hepatitis C virus antibody, syphilis serum Antibody, blood homocysteine, hemoglobin electrophoresis experiment (Ground Pot Screening, G6PD), high-risk population nutrition analysis (fasting) |
| Follow-up | 20-24 weeks | Obstetric examination, urine routine, color B-ultrasound (two-dimensional or three-dimensional) |
| Follow-up | 24-28 weeks | Obstetric examination, urine routine, blood glucose screening, (high-risk population) premature birth prediction (fasting), (Note: blood glucose screening requires 10 hours of fasting at night, blood is taken on an empty stomach at 8:00 in the morning, followed by drinking glucose water for 5 minutes. Take blood samples at 1 hour and 2 hours after the start of drinking.). |
| Follow-up | 28-30 weeks | Obstetric examination, urine routine, ABO antibody test (if the pregnant women's type is O, their husbands should be tested for ABO antibodies if their types are A, B, or AB) |
| Follow-up | 30-32 weeks | Obstetric examination, urine routine, blood routine, color Doppler ultrasound. The pregnant women should monitor the fetal movements starting from Week 30. Fetal movement is an important sign of the fetus' safety. Every night between 6-10 o'clock, the woman should count for 1 hour, and the number of fetal movements per hour should be 3-5 times. If the number of fetal movements per hour is less than 3, or the fetal movement is reduced by half compared to previous, and the fetal movement is sudden and frequent, it should continue for another hour. If the problem remains, the woman should go to the medical institution. |
| Follow-up | 32-34 weeks | Obstetric examination, urine routine, and some high-risk groups re-check for 75g OGTT. |
| Follow-up | 34-36 weeks | Obstetric examination, urine routine, fetal heart monitoring (detection of fetal heart hypoxia by fetal monitor on fetal heart when the fetus moves) |
| Follow-up | 37 weeks | Obstetric examination, urine routine, B-ultrasound, blood routine, liver and kidney function, fetal heart monitoring, (electrocardiogram) (fasting) |

| | | |
|-----------|----------|---|
| Follow-up | 38 weeks | Obstetric examination, urine routine, fetal heart monitoring |
| Follow-up | 39 weeks | Obstetric examination, urine routine, fetal heart monitoring) |
| Follow-up | 40 weeks | Obstetric examination, urine routine, fetal heart monitoring) |

Annex V: Routine testing items after birth of a baby

- (1) Newborn registration (newborn name, father's name, mother's name, gender, date of birth, home address, BCG vaccination time, telephone, etc.);
- (2) Weight, body length, appearance, crying, skin jaundice and birth record;
- (3) Identification of genotypes by toes blood at 7 days after birth.

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